MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
O9802092	03 - 92 -01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	I						51						
2		I					52						
3		I					53						
4		I					54						
5		I					55						
6		I					56						
7		I					57						
8		I					58						
9	I						59						
10		I					60						
11		I					61						
12		I					62						
13		I					63						
14		I					64						
15		I					65						
16		I					66						
17		I					67						
18		I					68						
19							69						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	16						TOTAL DEP.						
TOTAL CLAIMS	18						TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE
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